



**Connecticut Psychiatric Society**

*A District Branch of the  
American Psychiatric Association*

Good afternoon. I am Carolyn Drazinic, the President-elect of the Connecticut Psychiatric Society, which is composed of over 700 psychiatrists in this state.

No one can appear here without thinking of the victims of Newtown. Our hearts go out to their families and the whole community. Our purpose here is to be part of a process where our state comes to grips with all of the complex issues raised, as we try to honor their memory with positive action.

One of the most complex issues that was raised is the interface of violence and the mentally ill. I want to give you some information today about what we know, and what we don't know, about that subject and tell you why we fervently believe that a reporting mandate such as that proposed in Bill 262 is counterproductive to the goal of getting people with mental illness into treatment.

First, I know you have probably heard about the Tarasoff doctrine, which resulted from an incident in California, when a patient in a confidential psychiatric session revealed homicidal ideation toward a specific individual, then carried out the threat. Usually when we refer to Tarasoff, we refer to the modification made to the original finding, Tarasoff II, as it is called, which dates from 1976.

Essentially, Tarasoff holds that if a mental health professional becomes aware in the course of treating a patient, that the patient intends to harm a particular person or group of persons, the mental health professional has a duty to take steps to protect the victim by such actions as notifying the victim or calling the police. While Connecticut does not have a Tarasoff-type law, there have been court decisions stating that a duty to warn would most likely be found by the Supreme Court should a case with the appropriate set of facts come before them. Psychiatrists in the state of CT understand that a Tarasoff duty is part of practice here.

Connecticut statutes already permits psychiatrists to make disclosures when danger arises.

Conn. Gen Stat. 52-146f states: Communications or records may be disclosed when the psychiatrist determines that there is substantial risk of imminent physical injury by the patient to himself or others or when a psychiatrist, in the course of diagnosis or treatment of the patient, finds it necessary to disclose the communications or records for the purpose of placing the patient in a mental health facility, by certification, commitment or otherwise, provided the provisions of sections 52-146d to 52-146j, inclusive, shall continue in effect after the patient is in the facility.

As a practicing psychiatrist, I would like to give some perspective on violence and the mentally ill:

- There is a small subset of people with serious mental illness who do become violent. We know some characteristics that are associated with a tendency toward violence such as substance abuse and psychotic states, but the rates are low and if you isolated all the people with any of those characteristics, no one could tell you which of them would become violent as a result of their mental illness and which ones would not.

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One Regency Drive, P.O. Box 30, Bloomfield, CT 06002

Telephone: 860-243-3977

Fax: 860-286-0787

Email: [cps@ssmgt.com](mailto:cps@ssmgt.com)

Website: [www.ctpsych.org](http://www.ctpsych.org)

- People with serious mental disorders account for only 4% of violent crimes overall.
- Studies have shown that the best predictor of future violence is past violence.
- Most mental illness does not lead to violence. In fact, some studies have shown that the seriously mentally ill are more likely to be victims than perpetrators of violence.
- Psychiatrists frequently hear patients express frustration or angry thoughts. That generally does not mean the patient will become violent. The psychiatrist's job is to help the person expressing anger or frustration to learn productive and healthy ways of dealing with emotions.
- Patients will not come to psychiatrists if they think their innermost thoughts are reportable. If the patients don't come, they cannot be treated and they certainly can't be identified as potentially dangerous, and their intended victims cannot be identified.
- Many of those who have committed mass shootings had no previous contact with the mental health system. Others may have come to someone's attention, but gave no indication that violence was on the person's agenda. In still other cases, procedures were in place but were somehow not followed. These situations will not be helped by a reporting law.
- There could be a danger of over-reporting. Many patients report suicidal/homicidal thoughts and fantasies that are short-lived and transient. In this litigious climate, therapists will not want to be held responsible for actions of their patients and will err on the side of caution by over-reporting. The system will quickly become overwhelmed. Meanwhile, large numbers of patients' identities will have been exposed to public agencies, and patients will be unwilling to openly share their thoughts in therapy sessions in the future, since they would no longer be considered confidential.
- It's not clear what "notifying public safety authorities" means, as stated in the proposed bill. First, who are the public safety authorities? What are their powers and duties with regard to responding to such reports? What will be their training for a potential response? What will they do if a psychiatrist reports that a patient has the intent to commit suicide, when that person is obviously already under psychiatric care?

In addition to the emergency certificate, Connecticut also has a law that allows the police to seize guns from anyone including patients when reported by a psychiatrist or any citizen (CGS Section 29-38c). And we have a law that provides for reporting of extended involuntary commitments to DMHAS, with a requirement for the Department of Public Service to query the DMHAS database and to report to the Federal database.

In conclusion, Connecticut does not need additional laws mandating report of the mentally ill who are a danger to themselves or others. The laws we have are sufficient. The circumstances in this sad case do not justify creating new mandated reporting statutes in CT. A more stringent mandated reporting law would cause those who need treatment most to avoid treatment altogether, and that is a far more serious threat to public safety.